

Vaccine & Logistics Indent Form

Vaccine & Logistics Indent Form:

(Copy for Record for Requester)				(Copy for Record for Receiver)			
Indent No.:		Date:		Indent No.:		Date:	
From:				From:			
To:				To:			
Item	Total amount received in current year	Balance available on date of indent	Amount requested	Item	Total amount received in current year	Balance available on date of indent	Amount requested
BCG (doses)				BCG (doses)			
BCG Diluent				BCG Diluent			
DPT (doses)				DPT (doses)			
Hep B (doses)				Hep B (doses)			
IPV (doses)				IPV (doses)			
JE (doses)				JE (doses)			
JE Diluent				JE Diluent			
Measles (doses)				Measles (doses)			
Measles Diluent				Measles Diluent			
Pentavalent (doses)				Pentavalent (doses)			
OPV (doses)				OPV (doses)			
RVV (doses)				RVV (doses)			
TT (doses)				TT (doses)			
0.1ml AD Syringes				0.1ml AD Syringes			
0.5ml AD Syringes				0.5ml AD Syringes			
5ml Disp. Syringes				5ml Disp. Syringes			
Vitamin A Syrup				Vitamin A Syrup			

Signature of Receiver:
Name:
Designation:

Signature of Requester:
Name:
Designation:

Signature of Receiver:
Name:
Designation:

Signature of Requester:
Name:
Designation: